



Public Protection Cabinet  
Department of Housing, Buildings, and Construction  
Division of HVAC  
101 Sea Hero Road, Suite 100  
Frankfort, Kentucky 40601-5405  
(502) - 573 -0395, Fax (502)-573-1401

Permit No. \_\_\_\_\_

Cost of Permit \_\_\_\_\_

Date \_\_\_\_\_

### HVAC CONSTRUCTION PERMIT APPLICATION: COMMERCIAL BUILDINGS

It is expressly understood that the applicant for the permit agrees and states that this installation will be in strict compliance to the Uniform State Building Code and the Uniform State Residential Building Code.

Location \_\_\_\_\_  
(Street) (County) (City) (Subdivision)

Owner's Name \_\_\_\_\_ Address \_\_\_\_\_

Case number \_\_\_\_\_ Plan number (if applicable) \_\_\_\_\_

**CHECK EACH BLANK THAT APPLIES:** ☐ New Construction ☐ Existing Unit

Value of Project \_\_\_\_\_ Cost of Permit \_\_\_\_\_

Value of HVAC Installations	Permit Fee	Value of HVAC Installations	Permit Fee	Value of HVAC Installations	Permit Fee	Value of HVAC Installations	Permit Fee
\$2,000 or less	\$75	\$100,001 to \$150,000	\$550	\$500,001 to \$600,000	\$1,500	\$1,100,001 to \$1,200,000	\$2,650
\$2,001 to \$10,000	\$150	\$150,001 to \$200,000	\$660	\$600,001 to \$700,000	\$1,650	\$1,200,001 to \$1,300,000	\$2,850
\$10,001 to \$25,000	\$225	\$200,001 to \$250,000	\$770	\$700,001 to \$800,000	\$1,850	\$1,300,001 to \$1,400,000	\$3,050
\$25,001 to \$50,000	\$275	\$250,001 to \$300,000	\$890	\$800,001 to \$900,000	\$2,050	\$1,400,001 to \$1,500,000	\$3,250
\$50,001 to \$75,000	\$325	\$300,001 to \$400,000	\$1,000	\$900,001 to \$1,000,000	\$2,250	\$1,500,001 and above	\$3,450
\$75,001 to \$100,000	\$435	\$400,001 to \$500,000	\$1,350	\$1,000,001 to \$1,100,000	\$2,450		

Inspections	Date	Inspector	Remarks & Notes

The Department of Housing, Buildings And Construction, Division of HVAC, is issuing this HVAC construction permit upon your request in accordance with KRS 198B.6671 and 815 KAR 8:070. You, the undersigned, are fully aware that you are responsible for this installation in its entirety through completion. It is your responsibility to notify, request and obtain all required inspections. If for any reason you fail to complete this installation, it shall be your responsibility to notify the Department immediately.

Master HVAC Signature \_\_\_\_\_ License No. \_\_\_\_\_

Complete Address \_\_\_\_\_

Office / Home Phone Number \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

